PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/521,848			ing Date 21/2005	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	Ť	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b), (c)	_	N/A		N/A		N/A	(+/	1	N/A	(+)		
	SEARCH FEE		N/A	\neg	N/A		N/A		1	N/A			
	(37 CFR 1.16(k), (j), o EXAMINATION FE (37 CFR 1.16(o), (p), o	EE	N/A		N/A		N/A		1	N/A			
	TAL CLAIMS CFR 1.16(i))	37 (47)	minus 20 =				x \$ =		OR	x s =			
IND	EPENDENT CLAIM CFR 1,16(h))	iS	minus 3 = *			1	x \$ =		1	x \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	ts of pape 50 (\$125 tional 50 s	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).									
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))]]				
* If t	the difference in colu	umn 1 is less than	r "0" in column 2.	-	TOTAL]	TOTAL					
L	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	07/11/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
Ĭ,	Total (37 CFR 1.16(i))	• 14	Minus	 20	= 0]	x \$ =		OR	X \$50=	0		
뷡	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0	1	x \$ =		OR	X \$210=	0		
Ĭ.	Application Size Fee (37 CFR 1.16(s))												
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR				
									OR	TOTAL ADD'L FEE	0		
L		(Column 1)		(Column 2)	(Column 3)								
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
ᆲ	Total (37 CFR 1,16())		Minus		-]	x \$ = 1		OR	x \$ =			
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x s =			
Z I	Application Size Fee (37 CFR 1.16(s))					1]				
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
Г						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For IM THIS SPACE is less than 30, enter "20". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM For IM For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM For IM For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IM For IM For IM For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Proviously Paid For IM For IM For IM For IM THIS SPACE is less than 3, enter "3". If the "Highest Number Proviously Paid For IM For IM For IM THIS SPACE is less than 3, enter "3".													

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in is to life (and by the USFTO to process) an application. Confidentiality is overwined by 80 LSC. 122 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commorce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.